

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/019507

APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2	/					
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TOTAL IND.	62		↓	↓	↓	↓
TOTAL DEP.	26		↓	↓	↓	↓
STAN	1	SEARCHED	INDEXED	MAILED	FILED	
CLAIMS	1	SEARCHED	INDEXED	MAILED	FILED	

*	*	*	*
IND.	DEP.	IND.	DEP.
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99			
100			
TOTAL IND.		↓	↓
TOTAL DEP.		↓	↓
TOTAL CLAIMS		SEARCHED	INDEXED

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS